

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I Street Northwest

Suite 880

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Donna Rebeck

Signature of Treasurer

Electronically Filed by Donna Rebeck

Date

07

19

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		99462.16
(b) Cash on Hand at Beginning of Reporting Period	213202.90	
(c) Total Receipts (from Line 19)	8780.00	175898.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	221982.90	275360.16
7. Total Disbursements (from Line 31)	20000.00	73377.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	201982.90	201982.90
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5180.00	141684.00
(i) Itemized (use Schedule A)	3600.00	34214.00
(ii) Unitemized	8780.00	175898.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	8780.00	175898.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8780.00	175898.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8780.00	175898.00

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	3377.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	3377.26
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		20000.00	70000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		20000.00	73377.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		20000.00	73377.26

DETAILED SUMMARY PAGE

of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8780.00	175898.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8780.00	175898.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3377.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3377.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Michelle Blaeser		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 Transaction ID: 93051-30892580747604
Mailing Address 1849 Jefferson Ave		
City	State	Zip Code
Saint Paul	MN	55105-1663
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 365.00
Name of Employer Park Nicollet Clinic		
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00

B. Full Name (Last, First, Middle Initial) Gerald Bock		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: 95355-88607424497605
Mailing Address 3860 Fourteen Mile Dr		
City	State	Zip Code
Stockton	CA	95219-3809
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 200.00
Name of Employer California Skin Laser Center		
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

C. Full Name (Last, First, Middle Initial) Ann Gerald		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 14038-50191897153854
Mailing Address 2116 Southwinds Cir		
City	State	Zip Code
Hoover	AL	35244-3298
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer MedPlex Professional Building		
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)

815.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Michael Heffernan Mailing Address 14 Kingsbury Pl City State Zip Code Saint Louis MO 63112-1825 FEC ID number of contributing federal political committee. C Name of Employer Wright State Univ School of Medicine Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 22 / 2006 Transaction ID: 07098-06249636411666 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Francis Iacobellis Mailing Address 62 Palisade Rd City State Zip Code Rye NY 10580-3827 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 06 / 02 / 2006 Transaction ID: 95355-12275332212448 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Byron Limmer Mailing Address 2634 Bayhill Cv City State Zip Code San Antonio TX 78258-4530 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 06 / 02 / 2006 Transaction ID: 95355-93813723325730 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) William Long Mailing Address 71 Park Ave City State Zip Code New York NY 10016-2507 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 14038-45341128110886 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mark Naylor Mailing Address 8224 NE 139th St City State Zip Code Edmond OK 73013-8704 FEC ID number of contributing federal political committee. C Name of Employer Oklahoma Medical Research Foundation Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: 21716-40368288755417 Amount of Each Receipt this Period 365.00
C. Full Name (Last, First, Middle Initial) David Orentreich Mailing Address 909 5th Ave City State Zip Code New York NY 10021-4115 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Transaction ID: 83164-35937136411667 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Bernard Palus Mailing Address 158 Washington St City State Zip Code Swissvale PA 15218-1352 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 14038-28245180845260 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Nolan Parsons Mailing Address Ste 403 331 Laidley St City State Zip Code Charleston WV 25301-1605 FEC ID number of contributing federal political committee. C Name of Employer Saint Francis Hospital Pl- aza Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 Transaction ID: 93051-43252199888229 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Wayne Porter Mailing Address 3550 Rockerman Rd City State Zip Code Coconut Grove FL 33133-3233 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6 Transaction ID: 12710-88615053892136 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional) ▶		1500.00
TOTAL This Period (last page this line number only) ▶		

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Peggy Tong

Mailing Address 10529 N Wood Crest Dr

City State Zip Code
Mequon WI 53092-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	6

Transaction ID: 83164-58298891782761

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Allison Vidimos

Mailing Address 8505 Timber Trl

City State Zip Code
Brecksville OH 44141-1771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Foundati-
onOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	6

Transaction ID: 86599-31762331724167

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

5180.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dave Camp for Congress 2006

Mailing Address 5915 Eastman Avenue Suite 100

City State Zip Code
Midland MI 48640

Purpose of Disbursement
Contribution

Candidate Name
Dave Camp

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: 07706-5492364764213

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address PO Box 50100

City State Zip Code
Springfield MO 65805

Purpose of Disbursement
Contribution

Candidate Name
Roy Blunt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: 07706-0090600848197

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Jd Hayworth for Congress

Mailing Address 14300 N. Northsight Blvd. #105

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Contribution

Candidate Name
J. Hayworth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 05

Transaction ID: 07706-2067224383354

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Shadeggs Friends

Mailing Address PO Box 45444

City
Phoenix

State
AZ

Zip Code
85064

Purpose of Disbursement
Contribution

Candidate Name
John Shadegg

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 03

Transaction ID: 07706-3328973650932

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Johnson for Congress Committee

Mailing Address PO Box 1986

City
New Britain

State
CT

Zip Code
06050

Purpose of Disbursement
Contribution

Candidate Name
Nancy Johnson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: 07706-0967676043510

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Jon Kyl for U S Senate

Mailing Address PO Box 10246

City
Phoenix

State
AZ

Zip Code
85064

Purpose of Disbursement
Contribution

Candidate Name
Jon Kyl

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District:

Transaction ID: 07706-1056329607963

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Kennedy 06

Mailing Address PO Box 49333

City Blaine State MN Zip Code 55449

Purpose of Disbursement
Contribution

Candidate Name
Mark Kennedy

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District:

Transaction ID: 07706-6061212420463

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Schwarz for Congress

Mailing Address Post Office Box 2063

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement
Contribution

Candidate Name
John Schwarz

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 07

Transaction ID: 07706-8127405047416

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Sue Myrick for Congress

Mailing Address PO Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement
Contribution

Candidate Name
Sue Myrick

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: 07706-6620599627494

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Upton for All of Us

Mailing Address PO Box 490

City
St. Joseph

State
MI

Zip Code
49085

Purpose of Disbursement
Contribution

Candidate Name
Fred Upton

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Transaction ID: 07706-7036554217338

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Volunteers for Shimkus

Mailing Address PO Box 5458

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement
Contribution

Candidate Name
John Shimkus

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: 07706-3854181170463

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

20000.00